



2019-2020 FICMMR Team Operational Plan

Fetal, Infant, Child, & Maternal Mortality Review & Prevention Team (FICMMR)

_____ County

Mission Statement: The mission of our FICMMR review team is to reduce preventable deaths in our county: fetal, infant, child and maternal mortalities.

Purpose: The focus is to improve understanding of how and why these deaths occur to guide the work in reducing preventable deaths. FICMMR is not about assigning blame or legal culpability.

FICMMR Team Members: [County Name] FICMMR team will consist of a minimum of 5 core team members as stated in statute MCA 50-19-403. The FICMMR team leader for [County name] is [name of person].

Core member's (Name, Agency Name, Title, Phone #, email address) – list all members

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- Kari Tutwiler, DPHHS FICMMR Program Coordinator, 444-3394, ktutwiler@mt.gov

FICMMR Team Members Responsibilities (Please update any you added from prior year):

1. Participate and prepare for all FICMMR Team reviews.
2. Engage in the discussion, ask questions, seek clarification so team understands the circumstances that led to the death and the investigation of the death. Question any information or service gaps that may surface and work as a team to resolve them.
3. **When a death impacts your agency, please be prepared:** Obtain and review records, other pertinent information in order to provide a verbal report at the review.
4. No copies of records should be made for distribution at FICMMR reviews.
5. The member who brings records to reviews, leaves with those records.
6. **Members must agree to sign and honor strict confidentiality of all information that is presented, discussed, analyzed, decided upon at the reviews. No information shared at a review can be shared at any time with**

non-FICMMR team members including a member's employment agency. If a breach occurs, a member could be charged with a civil penalty or a misdemeanor, see MCA #50-19-401-406, pg. 3.

7. All members must be respectful of deaths being reviewed and cultural differences.
8. Help determine preventability and participate in the response to the death.
9. When a death is deemed preventable, help identify a best practice (BP) prevention recommendation and/or initiative addressing this type of death.
10. Help plan, implement, and evaluate 1, BP injury-prevention activity required each year that addresses a critical issue in your county.

Team Leader Responsibilities (Please update any you added from prior year):

1. Develop/maintain relationships with team members. Recruit when needed to insure membership is adequate the necessary information for a complete and effective review.
2. Provide a brief orientation for new members before their first review: purpose, confidentiality, format of meetings, expectations, their role, (you fill in).
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3. Stay abreast of FICMMR deaths your county is responsible for reviewing.
4. Identify, secure and review the records needed to review a death. For help, see Causes - <https://www.ncfrp.org/>
5. Schedule review meetings, notifying members which cases to prepare for a minimum of two weeks out. Secure and communicate meeting site, coordinate meeting logistics.
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6. **Confidentiality Sign-in Agreement Form:** Provide, **Discuss**, collect, & file all member signatures at every review. Remind team to honor confidentiality requirements.
7. **Annual Confidentiality Agreement Form and FICMMR Statute:** Once a year provide, **Discuss**, collect and file all member signatures on Annual Confidentiality Agreement. Additionally, provide each member a copy of the FICMMR statute, MCA #50-19-401-406.
8. Maintain current documentation:
 - FICMMR Operational Plan due each year October 15 or
 - County-to County Memorandum of Understanding due every October 15
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9. Facilitate the reviews to gain a complete and accurate understanding of the circumstances leading to the death. Identify any modifiable risk factors, gaps or barriers the team can address focusing on prevention.
10. Help team identify EBIBP prevention recommendation/initiative if death is preventable.
11. Engage and utilize your team (or health department staff) to help select, plan, deliver and evaluate one (1) best practice, injury-prevention activity required each year.
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12. Secure/Lock-Up all FICMMR records/notes and log out of CDR database when not in use.
13. Destroy/shred immediately any identifying materials left by team after reviews.
14. All records gathered for a FICMMR review must be retained for 10 years after the death (2 in office, 8-storage) Per item 36, Secretary of State, Records Retention Policy.
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15. Enter all previous year death data into the CDR database by the deadline or earlier.

16. After reviewing a maternal death, complete the electronic, Maternal Mortality Review Form (MMR). Send to the state using E-PASS system by the deadline or earlier.
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17. Ensure FICMMR team operates according to protocols defined by the team, FICMMR MCA #50-19-401-406, and your County Operational Plan or MOU.
18. Participate in the mandatory FICMMR conference calls and the annual training.
19. Serve as a liaison to state FICMMR coordinator and other county FICMMR leaders.
20. All FICMMR team members will receive a copy of the final, signed Operational Plan.

Meetings and Meeting Notices: Meetings will be held [how often monthly, quarterly]? FICMMR team review meetings will be held at [name of place], unless meeting place is unavailable. Notification will be sent out to all FICMMR members of new location. Meetings will begin promptly at [time]. FICMMR Review Meetings are closed to the public and family members of decedents.

Meeting Attendance: A minimum of 5 core members must be on the team. If there aren't 5 members at a review, but you have enough information to hold a productive meeting, meet. Schedule a 2nd review to complete a case if there are information gaps or a pertinent member is missing. Request FICMMR team members participate at every scheduled review.

Amendments to Operating Plan: Reviewed annually and modified by either party as necessary.

Printed Name and Title of FICMMR Team Leader:

Signature FICMMR Team Leader

Date signed:

Name of Agency: _____

Full Address: _____

Email & Phone # _____

If your county requires a second signature, see below

Print Name and Title:

Name of Agency: _____

Signature: _____ Date signed: _____